

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233  
(804) 367-0186



**Boxing & Wrestling**  
**MARTIAL ARTS BOXING LICENSE APPLICATION**  
**Fee \$40.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or  
a completed credit card insert must be mailed with your application package.  
APPLICATION FEES ARE NOT REFUNDABLE.**

1. Name \_\_\_\_\_  
First Middle Last Generation  
(SR, JR, III, etc.)

2. Current Federal Boxing Identification No. (as required by 15 USC § 6305) \_\_\_\_\_

3. Social Security Number \*    -   -

4. Date of Birth \_\_\_\_\_

5. Street Address (PO Box not accepted) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

6. E-mail Address \_\_\_\_\_

7. Telephone & Facsimile Numbers ( ) - ( ) - ( ) -

Telephone

Facsimile

Beeper/Cellular

8. Do you have an expired Virginia **boxing** or **martial arts boxing** license?

No ☐

Yes ☐ Virginia License Number 4102 Expiration Date \_\_\_\_\_

4122 Expiration Date \_\_\_\_\_

Do you have a current or expired **boxing** or **martial arts boxing** license, certificate or registration from another

9. jurisdiction? ☐

No ☐

Yes ☐ If yes, list all the licenses, certificates and registrations in the following table.

State/Jurisdiction	License, Certificate, Registration No.	Expiration Date

10. Has any (including Virginia) local, state or national regulatory body ever taken a disciplinary action against you in connection with your participation in, or promotion of, a professional athletic contest or activity?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER <b>4102</b>	ISSUE DATE
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11. Have you been convicted or found guilty regardless of adjudication or deferred adjudication, of any felony or misdemeanor? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.*

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12. Have you ever been convicted or found guilty of any charge of material misrepresentation while engaged in boxing, wrestling or other athletic activities?

No ☐

Yes ☐ If yes, please attach a record of conviction, authenticated in such form as to be admissible as evidence under the laws of the jurisdiction where convicted.

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Department's decision to approve my application. I certify that I will notify the Department and its agent if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving my approval. I also certify that I understand, and have complied with, all the laws of Virginia related to boxing and wrestling under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing and Wrestling Regulations*.

I understand as a professional boxer I should be aware that this sport includes many health and safety risks, in particular the risk of brain injury. As such, I will take the necessary medical exams that detect brain injury. If I need further information about these exams, I will ask my doctor or staff of the Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

### Required Documentation

All martial arts boxing applicants must provide the following:

- A complete professional record, including date and result of last fight; **and**
- A satisfactory record of professional martial arts boxing competition; or **if you have participated in fewer than 10 professional martial arts boxing bouts**, evidence of competency in the elements of offense and defense in the form of signed statements from individuals who have provided training to the applicant or records of the applicant's conduct in amateur as well as professional boxing competition and shall be sufficient to satisfy the Department that the applicant has the ability to compete.